

28x43

Work Order ID 84027

84027

Page 1

May-01-12 10:45:41 AM

Item ID: D3874-2

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Floor Protector

Start Date: 01/05/2012 Start Qty: 5.00

5

Cust Item ID:

Required Date: 15/05/2012 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals:

Process Plan: MLJDate: 12/05/02 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

D3874

A

100

0.00

100

HandThermo

Memo

0.00

Hand Finishing Thermoforming

I-Cut Sheet to required Blank size

BB 12/05/10

105

0.00

105

HandThermo

Dry Material

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp:

240

Time IN:

4:30

Time OUT:

7:00

B12/05/10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B		Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng				

NOTE: Date & initial all entries

Work Order ID 84027

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Page 2

May-01-12 10:45:41 AM

Item ID: D3874-2 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Floor Protector
 Start Date: 01/05/2012 Start Qty: 5.00 ***5*** Cust Item ID:
 Required Date: 15/05/2012 Req'd Qty: 5.00 ***5*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
110 *110* Thermoform Thermoforming Machine	Memo 1-Machine Set-Up 2-Pre-heat Tool to required temp. 3-Thermoform as per Dwg and Folio #FTA039 using tool DT9474 Dwg Rev: <u>A</u> Folio Rev: <u>B</u>	0.00 0.00				<u>5</u>			<u>B</u> 12/05/10
120 *120* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo Visually inspect part for proper formation and texture	0.00 0.00				<u>5</u>			<u>B</u> 12/05/10
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00				<u>45</u>			<u>W</u> 12/05/10

W/O:		WORK ORDER CHANGES					
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NOTE: Date & initial all entries

84027

Page 3

N900040100

Setup Start ***NS1***

Stop *NS2*

Start Date: 01/05/2012 **Start Qty:** 5.00 ***5***

Cust Item ID:

Required Date: 15/05/2012 **Req'd Qty:** 5.00 ***5***

Customer:

Run Start *NR1*

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

**Insp.
Stamp**

0.00

0.00

Memo

1-Trim to finished dimensions as per Dwg

0.00

0.00

Memo

Complete FAI document

0.00

0.00

Memo

Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B		Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng				

NOTE: Date & initial all entries

Work Order ID 84027

84027

Page 4

May-01-12 10:45:41 AM

Item ID:	D3874-2	Accept	*N9000040100*	Setup	Start	*NS1*
Revision ID:					Stop	*NS2*
Item Name:	Floor Protector					
Start Date:	01/05/2012	Start Qty: 5.00	*5*	Cust Item ID:		
Required Date:	15/05/2012	Req'd Qty: 5.00	*5*	Customer:		
Reference:						

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170	Identify as per dwg & Stock Location: _____	0.00							
170									
Packaging	Memo	0.00							
Packaging									
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

5

54 < 12/5/11

12/5/15

ME

12-05-15

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B		Sign & Date	Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng				

NOTE: Date & initial all entries

Picklist Print

May-01-12 10:45:45 AM

Page 1

Work Order ID: 84027

84027

Parent Item: D3874-2

D3874-2

Parent Item Name: Floor Protector

Start Date: 01/05/2012

Required Date: 15/05/2012

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP Rev. A 09.02.06 New Issue DL
Add Step 105 Dry Material 10/04/21 DL

IPP Rev B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.118-90318-08		Purchased		No		100	sf	1,290.266	4.38	21.9			

MI FXS 118-90318-08

Lexan Sheet

**

Location

therm

113127

Loc Qty

1290.266941

1290.26694

Loc Code

21.9 sf ft

DL
12/05/14

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng				

NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	84027
Description: Floor Protector		Part Number:	D3874-2
Inspection Dwg: D3874	Rev: A	Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

THERMOFORMING SECTION

Description	Accept	Reject	Method of Inspection	Comments
Inside Radii less than $\frac{1}{8}$ "	✓			
Shape Definition	✓			
Texture Retention	✓			
Material imperfections such as bumps, cracks, voids, scratching	✓			

Measured by:	Oh	Date:	12/05/10
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TRIMMING SECTION

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
0.050	Min	0.100"	✓		Visual	
0.065	Min	0.102"	✓		CAL TH-DT	
0.5	Min	0.54"	✓		CAL TH-DT	
21.9	REF	22.00"	✓		TAF DL-01	

Measured by:	Oh	Date:	12/05/14
Audited by:	EB	Date:	12/05/14
Prototype Approval:	N/A	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	09.09.15	New Issue	KJ	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

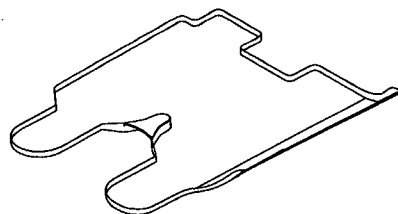
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

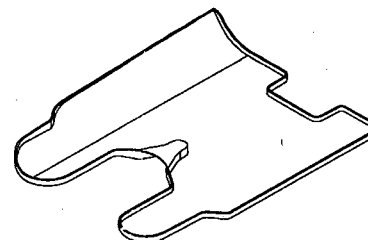
NOTE: Date & initial all entries

SHOP COPY
 RETURN TO
 ENGINEERING
 UNCONTROLLED COPY
 SUBJECT TO AMENDMENT
 WITHOUT NOTICE
 WORK ORDER
 NO. 84021

12-05-2



D3874-1 FLOOR PROTECTOR



D3874-2 FLOOR PROTECTOR

RELEASED
29/05/09

A	NEW ISSUE	PH	09.01.29
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>PH</i>	DART AEROSPACE LTD	
DRAWN	<i>PH</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>[Signature]</i>	DRAWING NO	REV. A
MFG. APPR.	<i>[Signature]</i>	D3874	SHEET 1 OF 3
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	FLOOR PROTECTOR	NTS
DATE	09.01.29	<small>COPYRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

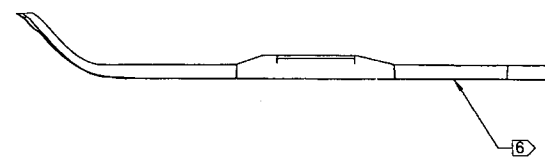
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



C5-2

RELEASED
9/25/05 NND

9) MINIMUM THICKNESS: 0.050" ON FLANGES AND 0.065" ELSEWHERE EXCEPT AS SHOWN

DESIGN	<i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA DRAWING NO. D3874 TITLE FLOOR PROTECTOR COPYRIGHT © 2009 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRINTED BY THE USER. THE USER EXPRESSLY AGREES THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR CONTENT OR COMMUNICATION TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD.</small>	REV. #
DRAWN	<i>PH</i>		SHEET 2 OF 3
CHECKED			SCALE
MFG. APPR.	<i>PH</i>		NITS
APPROVED	<i>PH</i>		
DE APPR.			
DATE	09.01.29		

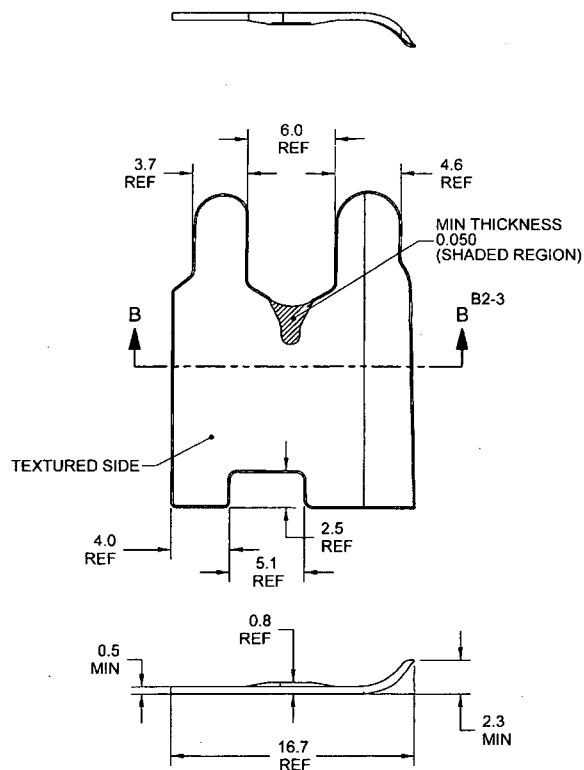
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DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

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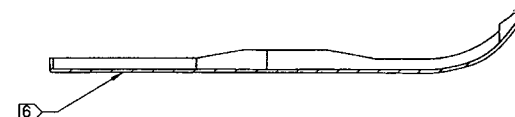


D3874-2 FLOOR PROTECTOR

NOTES:

- 1) MATERIAL: LEXAN 90318 (PROTECT-A-GLAZE), 0.118 THICK, 112-CLEAR (MLEXS.118-90318-08)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3874-2" USING VIBRATING STYLUS
- 7) WEIGHT: 1.5 lbs
- 8) TOOLING: THERMOFORM PER MOLD DT9474 PER DART QSI 022. TRIM PER MOLD
- 9) MINIMUM THICKNESS: 0.050" ON FLANGES AND 0.055" ELSEWHERE EXCEPT AS SHOWN

84027



SECTION B-B
SCALE 2X

RELEASED
9/25/03

DESIGN	PA	DART AEROSPACE LTD	
DRAWN	PA	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PA	DRAWING NO.	REV. A
MFG. APPR.	PA	D3874	SHEET 3 OF 3
APPROVED	PA	TITLE	SCALE
DE APPR.	PA	FLOOR PROTECTOR	NTS
DATE	09.01.29	<small>COPYRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small>	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries